



Michigan Department of Health & Human Services

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Level of Care Determination (LOCD) Tool System Changes June 2018

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Agenda

- Level of Care Determination Tool system changes
- My Inbox Alerts
- LOCD Search Function
- LOCD View from admission roster list page
- Provider Resources

Level of Care Determination (LOCD)

Overview of CHAMPS system changes to the LOCD tool as part of the June 22, 2018 update.

Overview of LOCD System Changes

- As outlined in [L-Letter 17-61](#) the Michigan Department of Health and Human Services (MDHHS) will be making changes to the Level of Care Determination (LOCD) tool.
- The following system changes will take place in CHAMPS as part of the June 22, 2018 update:
 1. In the LOCD screen
 - a) Search by NPI or CHAMPS Provider ID.
 - b) Completed LOCD's will have an end date of 365 days from the conducted-on date.
 - c) Conducted on date will be a visible field.
 2. Ability to view the LOCD in the admission screen
 3. Freedom of Choice Form Changes
 - a) Licensed professional conducting LOCD
 - b) Credentials
 - c) Application ID number

Overview of LOCD System Changes cont.

- Current active LOCD tools will be converted over, there is not a need for providers to re-enter an LOCD.
 - Converted records will show an LOCD End Date of 365 days from the LOCD conducted on date.
- There is no rule or limitation for providers to create a new LOCD when there is an existing record on file set to expire. A new LOCD can be done anytime prior to the 365 day expiration date.

Welcome

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Welcome

Welcome to Michigan's Medicaid Nursing Facility Level of Care Determination

Sections 1919a, 1915c and 1934 of the Social Security Act provide legal authority for State Medicaid Agencies to develop their own definition of nursing facility level of care. The Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) is Michigan's medical/functional assessment that determines an applicant's eligibility to receive Medicaid reimbursed long term care (LTC) services. Applicants seeking LTC services from a Medicaid-certified nursing facility, MI Choice Home and Community Based Waiver for the Elderly and Disabled (MI Choice), the Program of All Inclusive Care for the Elderly (PACE) or MI Health Link must meet criteria outlined in the LOCD.

The LOCD is conducted face-to-face by a licensed healthcare professional on behalf of the State of Michigan for MI Choice, PACE, MI Health Link, and Nursing Facility applicants.

The LOCD consists of seven Doors of possible eligibility. Each Door addresses a specific set of criterion through which an applicant may be assessed.

Information necessary to conduct an accurate assessment of the applicant's medical/functional self-performance abilities must be obtained through direct observation and communication with the applicant and, if applicable, their designated representative(s). Additional medical documents such as physician or hospital records may be reviewed to assist in establishing whether or not the applicant meets LOCD criteria.

Medicaid-certified nursing facilities, PACE, MiChoice may contact the Michigan Peer Review Organization (MPRO) to request an NF LOC Exception process review on behalf of an LOCD ineligible beneficiary. MPRO's toll free telephone number is 800-727-7223. MPRO may be contacted between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday. Select 'LTC Care exception criteria' from MPRO's phone menu.

The LOCD meets HIPAA compliance and is available seven days a week, 24 hours per day. Policy specific to the LOCD requirements and application is available in the Medicaid Provider Manual.

Proceed

Close

- Review the assessment information
- Click Proceed

Print Help

Level of Care Determination Reset Close

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Application Information

CHAMPS Provider ID:

Beneficiary Information:

Medicaid ID:

*First Name:

*Date of Birth: mm/dd/yyyy

Middle Initial:

*SSN (Last 4 Digits):

*Last Name:

Representative (If Applicable):

*Type of Provider Conducting LOCD: NURSING FACILITY

*Provider Conducting LOCD:

LOCD Information

LOCD Created Date: 05/30/2018

*LOCD Entered in CHAMPS by:

*Name (Licensed Professional who Conducted Assessment):

*Phone (Licensed Professional): ###-###-####

*License Type (Licensed Professional who Conducted Assessment): --SELECT--

Other, Please Specify:

*LOCD Conducted Date:

*LOCD Method: Face To Face Review

Next

- Two new fields:
 - License Type of the provider who conducted the Assessment
 - LOCD Conducted Date

Print
Help

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Close

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Door 1 - Activities of Daily Living

Bed Mobility

How the applicant moves to and from lying position, turns side to side, and positions body while in bed (sleeping surface).

- ☐ **Independent**
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
- ☐ **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- ☐ **Limited Assistance**
Applicant highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.
- ☐ **Extensive Assistance**
While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:
 - Weight-bearing support
 - Full performance by another during part, but not all, of last 7 days
- ☐ **Total Dependence**
Full performance of activity by another during entire 7 days.
- ☐ **Activity did not occur**
Activity did not occur during entire 7 days (regardless of ability).

Transfers

How the applicant moves between surfaces, to/from bed (sleeping surface), chair, wheelchair, standing position (exclude to/from bath/toilet).

- ☐ **Independent**
No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.
- ☐ **Supervision**
Oversight, encouragement or cueing provided 3 or more times during last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.
- ☐ **Limited Assistance**
Applicant highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.
- ☐ **Extensive Assistance**
While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:
 - Weight-bearing support
 - Full performance by another during part, but not all, of last 7 days
- ☐ **Total Dependence**
Full performance of activity by another during entire 7 days.
- ☐ **Activity did not occur**
Activity did not occur during entire 7 days (regardless of ability).

- Complete all Doors as per current process

PrintHelp

Level of Care DeterminationResetClose

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Door 1 - Activities of Daily Living

Toilet Use

How the applicant uses the toilet room (or commode, bedpan, urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes.

☐ Independent

No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

☐ Supervision

Oversight, encouragement or cueing provided 3 or more times during last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

☐ Limited Assistance

Applicant highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.

☐ Extensive Assistance

While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:

Weight-bearing support

Full performance by another during part, but not all, of last 7 days

☐ Total Dependence

Full performance of activity by another during entire 7 days.

☐ Activity did not occur

Activity did not occur during entire 7 days (regardless of ability).

Eating

How the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means (i.e., tube feeding, total parenteral nutrition).

☐ Independent

No help or oversight, OR help or oversight provided only 1 or 2 times during last 7 days.

☐ Supervision

Oversight, encouragement or cueing provided 3 or more times during last 7 days, OR supervision 3 or more times plus physical assistance provided only 1 or 2 times during last 7 days.

☐ Limited Assistance

Applicant highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times, OR more help provided only 1 or 2 times during last 7 days.

☐ Extensive Assistance

While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:

Weight-bearing support

Full performance by another during part, but not all, of last 7 days

☐ Total Dependence

Full performance of activity by another during entire 7 days.

☐ Activity did not occur

Activity did not occur during entire 7 days (regardless of ability).

Next / Freedom Of Choice

- Click Next/Freedom of Choice

Print Help

Level of Care Determination Reset Close

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Eating

How the applicant eats and drinks (regardless of skill). Includes intake of nourishment by other means (i.e., tube feeding, total parenteral nutrition).

☐ **Extensive Assistance**
 While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:

- Weight-bearing support
- Full performance by another during part, but not all, of last 7 days

☐ **Total Dependence**
 Full performance of activity by another during entire 7 days.

☐ **Activity did not occur**
 Activity did not occur during entire 7 days (regardless of ability).

Supervision

How the applicant is supervised (regardless of skill). Includes supervision by other means (i.e., tube feeding, total parenteral nutrition).

☐ **Independent**
 No help

☒ **Supervised**
 Oversight by another person, physical or verbal supervision, OR supervision 3 or more times plus

☐ **Limited Assistance**
 Applicant highly dependent on physical help in guided maneuvering of limbs or other non-weight-bearing assistance 3 or more times during last 7 days.

Extensive Assistance

While the applicant performed part of activity over last 7-day period, help of following types(s) provided 3 or more times:

- Weight-bearing support
- Full performance by another during part, but not all, of last 7 days

Total Dependence

Full performance of activity by another during entire 7 days.

Activity did not occur

Activity did not occur during entire 7 days (regardless of ability).

LOADING...

Message from webpage

The data entered qualifies the applicant for care under door 1. Click OK to proceed to Freedom of Choice Form.

OK Cancel

Next / Freedom Of Choice

- Based on the information selected will determine which Door the beneficiary qualifies through
- Click ok on the pop-up message

- ▶ Welcome
- ▶ Basic Information
- ▶ Doors
- ▶ **Freedom of Choice**
- Freedom Of Choice
- Helpful Links



FREEDOM OF CHOICE

Application ID:

Provider's Name: _____

Provider's ID/NPI:

Applicant's Name: **DONALD DUCK**

Date of Birth:

Representative (if any):

LOCD Created-On Date: 05/30/2018

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on **05/15/2018**, the applicant indicated above:

☒ **Does** meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in **Door 1**.

☐ **Does Not** meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to Section III)

Signature of healthcare professional completing or adopting LOCD

Healthcare profession title

Date _____

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria and I am eligible for any of the LTC programs listed below. I have received information about all LTC programs available in my area. I choose to receive services and supports from:

☐ MI Choice Waiver Program.☐ Nursing Facility.☐ PACE Program.

☐ MI Health Link.

Other service option(s) and local referral(s) that do not require Nursing Facility Level of Care:

Signature of applicant

Signature of applicant's representative

Date _____

SECTION III - APPEAL RIGHTS

I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.

Signature of applicant

Signature of applicant's representative

Date _____

Submit

Print FOC

[Print Summary](#)

- There will be an application ID displayed on the FOC
- Click submit

Print
Help

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Provider's Name:
Provider's ID/NPI:
Applicant's Name:
DONALD DUCK
Date of Birth:
Representative (if any):
LOCD Created-On Date:
05/30/2018

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY
Based on an LOCD medical/functional assessment of LTC needs conducted on 05/15/2018, the applicant indicated above:
☒ Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Door 1.
☐ Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or a
healthcare profession title
Date

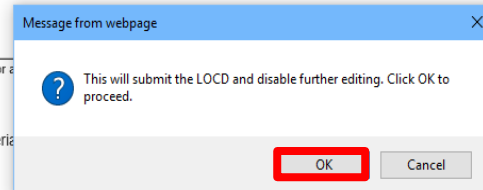
SECTION II - FREEDOM OF CHOICE
I have been advised that I meet LOCD medical/functional criteria services and supports from:
☐ MI Choice Waiver Program.
☐ Nursing Facility.
☐ PACE Program.
☐ MI Health Link.
Other service option(s) and local referral(s) that do not require Nursing Facility Level of Care:

Signature of applicant
Signature of applicant's representative
Date

SECTION III - APPEAL RIGHTS
I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.

Signature of applicant
Signature of applicant's representative
Date

Submit
Print FOC
Print Summary



- After clicking submit, this message will pop-up, again ensure all information is correct.
- Once the LOCD is submitted it cannot be edited by the provider

PrintHelp

Level of Care DeterminationResetClose

Welcome

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Provider's Name:

Provider's ID/NPI:

Applicant's Name: DONALD DUCK

Date of Birth:

Representative (if any):

LOCD Created-On Date: 05/30/2018

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on 05/15/2018, the applicant indicated above:

☒ Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Door 1.

☐ Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or adding to LOCD

Healthcare profession title

Date

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria and choose to receive services and supports from:

☐ MI Choice Waiver Program.

☐ Nursing Facility.

☐ PACE Program.

☐ MI Health Link.

Other service option(s) and local referral(s) that do not require:

LOADING...

Signature of applicant

Signature of applicant's representative

Date

SECTION III - APPEAL RIGHTS

I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.

Signature of applicant

Signature of applicant's representative

Date

Submit

Print FOC

Print Summary

- The LOCD has been successfully submitted

[Print](#) [Help](#)

Level of Care Determination

[Reset](#) [Close](#)


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FREEDOM OF CHOICE

Michigan Department of Health & Human Services

Application ID:

Provider's Name: Provider's ID/NPI:

Applicant's Name: **DONALD DUCK** Date of Birth:

Representative (if any): LOCD Created-On Date: **05/30/2018**

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on **05/15/2018**, the applicant indicated above:

☒ **Does** meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in **Door 1**.

☐ **Does Not** meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or adopting LOCD

Healthcare profession title

Date

SECTION II - FREEDOM OF CHOICE

I have been advised that I meet LOCD medical/functional criteria and I am eligible for any of the LTC programs listed below. I have received information about all LTC programs available in my area. I choose to receive services and supports from:

☐ MI Choice Waiver Program.

☐ Nursing Facility.

☐ PACE Program.

☐ MI Health Link.

Other service option(s) and local referral(s) that do not require Nursing Facility Level of Care:

Signature of applicant

Signature of applicant's representative

Date

SECTION III - APPEAL RIGHTS

I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.


Signature of applicant

Signature of applicant's representative

Date

[Print FOC](#) [Print Summary](#)

- Click Print FOC to have the beneficiary sign and retain in the providers records
- The following slide shows the PDF version of the FOC that will print



Michigan Department of Health & Human Services



Application ID: _____

MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION (LOCD)

Provider's Name : _____
Provider's ID/NPI: _____
Applicant's Name: DONALD DUCK
Date of Birth : _____ LOCD Created-on Date: 05/30/2018
Representative(if any): _____

SECTION I-MEDICAL/FUNCTIONAL ELIGIBILITY

Based on an LOCD medical/functional assessment of LTC needs conducted on 05/15/2018, the applicant indicated above: (date)

- ☒ Does meet the LOCD medical/functional criteria for Medicaid NF Level of Care by scoring in Door 1.
☐ Does Not meet the LOCD medical/functional criteria for Medicaid NF Level of Care (please proceed to SectionIII)

Signature of healthcare professional completing or adopting LOCD_____
Healthcare profession title_____
Date**SECTION II-FREEDOM OF CHOICE**

I have been advised that I meet LOCD medical/functional criteria and I am eligible for any of the LTC programs listed below. I have received information about all LTC programs available in my area. I choose to receive services and supports from:

- ☐ MI Choice Waiver Program.
☐ Nursing Facility.
☐ PACE program.
☐ MI Health Link.

Other service option(s) and local referral(s) that do not require Nursing Facility Level of Care:

Signature of applicant_____
Signature of applicant's representative_____
Date**SECTION III-APPEAL RIGHTS**

I have received a copy of a denial of Medicaid NF Level of Care service based on the LOCD and understand my right to appeal.

Signature of applicant_____
Signature of applicant's representative_____
Date

My Inbox Alerts

CHAMPS Alerts for LOCD's that will expire in 15, 30, or 45 days.




- Select Profile
- CHAMPS Full Access
 - CHAMPS Limited Access
 - Claims Access
 - Domain Administrator
 - Eligibility Inquiry
 - LOCD TECH-NF
 - NF Admission
 - Prior Authorization Access
 - Provider Enrollment Access
 - View Provider Enrollment

Go

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- Login to CHAMPS with the LOCD TECH-NF
- All LOCD TECH-NF or LOCD-TECH CFE profiles associated to the NPI that conducted the LOCD will receive the 45,30,15 day notification within their My Inbox Alerts.


My Inbox ▾
Provider ▾
Member ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal


NPI:
Name:

Latest updates

System Notification

Due to R10c-1.1 release, the CHAMPS system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM EST Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality.

Calendar


07:41
15 June 2018
Friday

2018 June

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

←
Today
→

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> LOCD Ending	The LOCD record for member <input type="text"/> is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member <input type="text"/> is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member <input type="text"/> is ending 45 days. Please conduct another LOCD for the member.	06/14/2018	07/14/2018	N

View Page: Go Page Count SaveToXLS
Viewing Page: 1
First Prev Next Last

- The alerts will display on the main CHAMPS page in the My Reminders section.

CHAMPS < My Inbox ▾ Provider ▾ Member ▾

Provider Portal

NPI: [Redacted] Name: [Redacted]

Latest updates

System Notification

Due to R10c- MPS system will be down between 7:00 PM EST Friday, March 23rd, to 2:00 AM EST Saturday, March 24th, 2018. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By [Dropdown] [Go] Save Filters My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> LOCD Ending	The LOCD record for member [Redacted] is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member [Redacted] is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member [Redacted] is ending 45 days. Please conduct another LOCD for the member.	06/14/2018	07/14/2018	N

View Page: 1 [Go] Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Calendar


07:41 15 June 2018 Friday

2018 June

Mo	Tu	We	Th	Fr	Sa	Su
4	5	6	7	1	2	3
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

← Today →

- The alerts can also be accessed by going to the My Inbox function.


My Inbox ▾
Provider ▾
Member ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
MyInbox

My Reminders

Filter By ▾
And
Filter By ▾

Read Status ▾
Go
Save Filters
My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read	Completed
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> LOCD Ending	The LOCD record for member [redacted] is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member [redacted] is ending 15 days. Please conduct another LOCD for the member.	06/01/2018	07/01/2018	N	N
<input type="checkbox"/> LOCD Ending	The LOCD record for member [redacted] is ending 45 days. Please conduct another LOCD for the member.	06/14/2018	07/14/2018	N	N

Delete
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
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Last


Notification

User1 sent you message Yesterday

User1 sent you message Yesterday

User1 sent you message Yesterday

Calendar


07:41
15 June 2018
Friday

2018 June

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
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←		Today		→		


- Select the Alert Message hyperlink for more functions

The screenshot displays the CHAMPS Provider Portal interface. On the left, the 'My Reminders' section shows a list of alerts, with the first one highlighted: 'The LOCD record for member [redacted]'. A modal dialog titled 'Message Details' is open in the center, showing the message content and options to forward it. The 'Forward To' field is empty, and a red square highlights a small arrow icon next to it. The dialog also includes fields for 'Complete', 'Reason', 'Comments', 'Member ID', and 'County'. At the bottom of the dialog are 'Ok' and 'Cancel' buttons. The background shows the portal's navigation bar with 'My Inbox', 'Provider', and 'Member' tabs, and a calendar on the right side.

Message Details

Send By: [redacted]

Message: The LOCD record for member [redacted] is ending 15 days. Please conduct another LOCD for the member.

Forward To: [redacted] 

Complete: ☐

Reason:

Comments:

Document File Name:

Member ID:

County:

Ok Cancel

Page ID: dlgMyInboxDetailDialog(My Inbox)

- The alert can be forwarded to other users.
 - Click the arrow icon next to the 'Forward To' field.

CHAMPS

My Inbox Provider Member

Provider Portal MyInbox

My Reminders

Filter By [v]
Read Status [v] [Go]

Alert Type	Alert Message
<input type="checkbox"/> LOCD Ending	The LOCD record for member
<input type="checkbox"/> LOCD Ending	The LOCD record for member
<input type="checkbox"/> LOCD Ending	The LOCD record for member

Delete View Page: 1 [Go]

Notification

User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

Message Details

Forward To

Filter By [v] [Go]

Available Values: [v]
Selected Values: Tester, Test

Page ID: Lookup(Common)

Page ID: dlgMyInboxDetailDialog(My Inbox)

Calendar

15 June 2018
Friday

Th	Fr	Sa	Su
	1	2	3
7	8	9	10
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21	22	23	24
28	29	30	

Today →

- Once all user(s) have been selected click ok.

The screenshot displays the CHAMPS Provider Portal interface. A 'Message Details' dialog box is open, showing a message about a LOCD record. The 'Forward To' field is highlighted with a red arrow, indicating the user to forward the message to. The background shows the 'My Reminders' and 'Notification' sections of the portal.

CHAMPS My Inbox Provider Member

Provider Portal MyInbox

My Reminders

Filter By [v]
Read Status [v] [Go]

Alert Type **Alert Message**

☐ [v]
☐ LOCD Ending The LOCD record for member
☐ LOCD Ending The LOCD record for member
☐ LOCD Ending The LOCD record for member

Delete View Page: 1 [Go]

Notification

User1 sent you message Yesterday
User1 sent you message Yesterday
User1 sent you message Yesterday

Message Details

Send By: [v]
Message: The LOCD record for member [v] is ending 15 days. Please conduct another LOCD for the member.
Forward To: Tester, Test
Complete: ☐
Reason: [v]
Comments: [v]
Document File Name: [v]

Member ID: [v]
County: [v]

Ok Cancel

Page ID: dlgMyInboxDetailDialog(My Inbox)

Calendar

15 June 2018 Friday
8:33

2018 June

Tu	We	Th	Fr	Sa	Su
			1	2	3
5	6	7	8	9	10
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19	20	21	22	23	24
26	27	28	29	30	
Today				→	

- The user(s) will display in the Forward To field
- Click ok

LOCD Search Function

Changes to LOCD search options

[Close](#) [Create](#) [Renew](#) [Manage](#)

To Search member's LOCD records, complete one of the following criteria:

- Application ID of the LOCD record, OR
- Member ID of the beneficiary, OR
- First Name, Last Name, and Last 4 digits of the SSN, OR
- First Name, Last Name, and DOB, OR
- First Name, DOB, and the Last 4 digits of the SSN, OR
- Last Name, DOB, and the Last 4 digits of the SSN, OR
- DOB and the Last 4 digits of the SSN

The System will not display any records if the filter by combinations match to more than one member.

LOCD List

Filter By Filter By Filter By And Active Go [Save Filters](#) [My Filters](#)

Application ID	Member ID	First Name	Last Name	Completed By Entity ID	Completed By Name	LOCD Conducted Date	LOCD Created On Date	Modified Date	Qualifying Door	LOCD Start Date	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	1	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	2	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						03/16/2018	03/30/2018	03/30/2018	5	12/06/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed

- The LOCD list page allows multiple search by options listed at the top of the page
- Notice the 'LOCD Conducted Date' is a column display on the list page

[Close](#) [Create](#) [Renew](#) [Manage](#)

To Search member's LOCD records, complete one of the following criteria:

- Application ID of the LOCD record, OR
- Member ID of the beneficiary, OR
- First Name, Last Name, and Last 4 digits of the SSN, OR
- First Name, Last Name, and DOB, OR
- First Name, DOB, and the Last 4 digits of the SSN, OR
- Last Name, DOB, and the Last 4 digits of the SSN, OR
- DOB and the Last 4 digits of the SSN

The System will not display any records if the filter by combinations match to more than one member.

LOCD List

Filter By

- Application ID
- DOB
- First Name
- Last 4 digits of SSN
- Last Name
- Member ID
- NPI

Filter By ▾

Filter By ▾

And

Active ▾

Go

Save Filters

My Filters ▾

	First Name	Last Name	Completed By Entity ID	Completed By Name	LOCD Conducted Date	LOCD Created On Date	Modified Date	Qualifying Door	LOCD Start Date	LOCD End Date	Review Type	LOCD Method	Program Type	Created By User	LOCD Application Status
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/>		DONALD	DUCK			05/15/2018	05/30/2018	05/30/2018	1	05/30/2018	05/15/2019	LOCD	Face To Face Review	Nursing Facility	LOCD Completed - Waiting for MA ID

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- Application ID is now a filter by option
 - Please Note: The system will not display any records if the filter by combinations match to more than one member.

LOCD in Admission Screen

Viewing an LOCD from the Admission Roster List screen

[Close](#)
[Add Enrollment/Admission](#)

Member Enrollment/Admission List

Filter By

Filter By

Filter By

Active

Go

Save Filters

My Filters

Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
Action					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
Action					03/12/2018	12/31/2999	COMPLETED		Provider	03/19/2018	03/30/2018
Action					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
Action					08/25/2017	12/31/2999	COMPLETED		Provider	03/19/2018	03/29/2018
Action					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/29/2018
Action					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/29/2018
Action					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
Action					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
Action					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018

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[Add Enrollment/Admission](#)

Member Enrollment/Admission List

Filter By Filter By Filter By

Active ☐

Actions	Transaction ID	Member ID	First Name	Last Name	Start Date	End Date	Status	Created By	User Type	Created Date	Modified Date
<div> <div>Action</div> <div>Delete</div> <div>Discharge/Disenroll</div> <div>Edit Details</div> <div>Review</div> <div>View Details</div> <div>View Eligibility</div> <div>View LOCD</div> </div>					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
					03/12/2018	12/31/2999	COMPLETED		Provider	03/19/2018	03/30/2018
					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/30/2018
					08/25/2017	12/31/2999	COMPLETED		Provider	03/19/2018	03/29/2018
<div> <div>Action</div> </div>					03/28/2018	12/31/2999	COMPLETED		Provider	03/29/2018	03/29/2018
<div> <div>Action</div> </div>					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/29/2018
<div> <div>Action</div> </div>					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018
<div> <div>Action</div> </div>					03/27/2018	12/31/2999	COMPLETED		Provider	03/28/2018	03/28/2018

- Select View LOCD
 - Please Note: The View LOCD only works for an admission record for a beneficiary who has MA eligibility.

CHAMPS My Inbox ▾ Provider ▾ Member ▾

Provider Portal > Member Enrollment Admission List > LOCD List

Close Create Renew Manage

To Search member's LOCD records, complete one of the following criteria:

- Application ID of the LOCD record, OR
- Member ID of the beneficiary, OR
- First Name, Last Name, and Last 4 digits of the SSN, OR
- First Name, Last Name, and DOB, OR
- First Name, DOB, and the Last 4 digits of the SSN, OR
- Last Name, DOB, and the Last 4 digits of the SSN, OR
- DOB and the Last 4 digits of the SSN

The System will not display any records if the filter by combinations match to more than one member.

LOCD List

Filter By ▾ Filter By ▾ Filter By ▾ And Active ▾ Go

Save Filters My Filters ▾

Application ID ▴▾	Member ID ▴▾	First Name ▴▾	Last Name ▴▾	Completed By Entity ID ▴▾	Completed By Entity Name ▴▾	LOCD Conducted Date ▴▾	LOCD Created On Date ▴▾	Modified Date ▴▾	Qualifying Door ▴▾	LOCD Start Date ▴▾	LOCD End Date ▴▾	Review Type ▴▾	LOCD Method ▴▾	Program Type ▴▾	Created By User ▴▾	LOCD Application Status ▴▾
<input type="checkbox"/>						07/20/2017	08/03/2017	10/01/2017	1	07/01/2017	09/18/2017	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						09/07/2017	09/21/2017	10/01/2017	1	09/19/2017	05/25/2019	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						05/15/2014	05/29/2014	08/09/2017	1	05/19/2014	06/30/2017	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
<input type="checkbox"/>						05/15/2014	05/29/2014	10/18/2016	1	02/04/2014	05/18/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
<input type="checkbox"/>						11/05/2015	11/19/2015	10/18/2016	1	07/28/2015	07/28/2015	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						08/18/2015	09/01/2015	10/18/2016	1	05/10/2015	05/10/2015	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
<input type="checkbox"/>						02/25/2013	03/11/2013	10/17/2016	1	11/17/2012	01/26/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
<input type="checkbox"/>						05/07/2014	05/21/2014	10/17/2016	1	01/27/2014	02/03/2014	LOCD	Face To Face Review	Nursing Facility	Process,Data Conversion	Completed
<input type="checkbox"/>						08/25/2006	09/08/2006	10/31/2015	1	08/01/2006	08/24/2006	LOCD	Face To Face Review	Nursing Facility		Completed
<input type="checkbox"/>						08/25/2006	09/08/2006	10/31/2015	1	08/25/2006	04/03/2007	LOCD	Face To Face Review	Nursing Facility		Completed

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- The screen will then go to the LOCD list page
- Click on the Application ID to view the LOCD for the beneficiary
 - Please Note: There may be many LOCD tools that display for the beneficiary, you will want to ensure you are verifying there is a completed LOCD on file for your admission dates.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders
- **We continue to update our Provider Resources, just click on the links below:**
 - [Listserv Instructions](#)
 - [Medicaid Alerts and Biller “B” Aware](#)
 - [Quick Reference Guides](#)
 - [Medicaid Provider Training Sessions](#)
- **Provider Support:**
 - ProviderSupport@Michigan.gov or 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program